## **Court Substance Abuse Management Specialist** (CSAMS) Credential

## Supervised Practical Training Verification Form (All information should be typed or legibly printed)

Applicant Name	DOB
Program Name	
Address	
Phone	
	n to be completed by supervisor
Section 30(b)(3) indicate a supervise Credential. The hours submitted mu supervision in the areas of assessm clients, with a minimum of one hum	les for Court-Administered Alcohol and Drug Programs ed practical training must be completed to obtain the CSAMS ast total "at least five hundred (500) hours of direct nent, referral and case management of substance abuse ndred (100) hours in the area of assessment of clients." are of supervised practical training for each of the substance eas listed.
1 Hours in Ass	sessment
2 Hours in Ref	ferral and Case Management
	_ Total Hours of Supervised Training
	eded. Return the completed form to the applicant for
SPT Beginning Date:	SPT Ending Date:
	gnature & Credentials Date
Printed Name and Position	